LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL 1249 PENSION FUND EIN #15-6035161

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Daniel R. Dafoe, Administrator IBEW Local 1249 Pension Fund 6518 Fremont Road P.O. Box 301 East Syracuse, New York 13057 Telephone: (315) 656-8390

RESOLUTION

WHEREAS, the I.B.E.W. Local 1249 Pension Fund is an independent functioning Taft-Hartley ERISA Pension Fund; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Fund Administrator and a Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 1249 PENSION FUND

Dated: 2-23-09

By:

William C. Boire, Union Trustee

Dated: 3 - 3 - 09

By:

fames E. Baker, Jr., Union Trustee

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Dated: 2/23/09	Ву:	Harry D. Saville, Union Trustee
Dated:	Ву:	Joseph L. Redman, Employer Trustee
Dated:	By:	Michael G. Gilchrist, Employer Trustee
Dated:	Ву:	James C. Atkins, Employer Trustee

klc/Madoff/IBEW1249/SIPCResolutionPF- Indirect

RESOLUTION

WHEREAS, the I.B.E.W. Local 1249 Pension Fund is an independent functioning Taft-Hartley			
ERISA Pension Fund; and			
WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC			
through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund;			
and			
WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation			
("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff			
Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4,			
2009.			
THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Fund			
Administrator and a Trustee of the Fund to sign the Customer Claim Form and any and all other			
documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all			
other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on			
behalf of the Fund.			
For administrative ease and quickness, each Trustee will execute this Resolution independently			
of each other in a number of counterparts. Together the counterparts shall constitute a full and original			
Resolution for all purposes.			
I.B.E.W. LOCAL 1249 PENSION FUND			
A. R. B. B. VV. B. C.			
Dated:			
Dated: By: William C. Boire, Union Trustee			

By:

James E. Baker, Jr., Union Trustee

Dated:_____

08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 7 of 131

Dated:	By:	Harry D. Saville, Union Trustee
Dated:	Ву:	Joseph L. Redman, Employer Trustee
Dated: Foshusny 24, 7009	Ву:	Michael G. Gilchrist, Employer Trustee
Dated:	By:	James C. Atkins Employer Trustee

klc/Madoff/IBEW1249/SIPCResolutionPF-Indirect

RESOLUTION

WHEREAS, the I.B.E.W. Local 1249 Pension Fund is an independent functioning Taft-Hartley ERISA Pension Fund; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Fund Administrator and a Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 1249 PENSION FUND

Dated:	Ву:	William C. Boire, Union Trustee
Dated:	By:	James E. Baker, Jr., Union Trustee

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Dated:	By:	Harry D. Saville, Union Trustee
Dated: 2/23/09	Ву:	Joseph L. Redman, Employer Trustee
Dated:	By:	Michael G. Gilchrist, Employer Trustee
Dated:	Ву:	James C. Atkins, Employer Trustee

klc/Madoff/IBEW1249/SIPCResolutionPF- Indirect

RESOLUTION

WHEREAS, the I.B.E.W. Local 1249 Pension Fund is an independent functioning Taft-Hartley ERISA Pension Fund; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Fund Administrator and a Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 1249 PENSION FUND

Dated:	Ву:	William C. Boire, Union Trustee
Dated:	Ву:	James E. Baker, Jr., Union Trustee

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Dated:	Ву:	Harry D. Saville, Union Trustee
Dated:	Ву:	Joseph L. Redman, Employer Trustee
Dated:	By:	Michael G. Gilchrist, Employer Trustee
Dated: 2/24/07	By:	James C. Atkins, Employer Trustee

klc/Madoff/IBEW1249/SIPCResolutionPF- Indirect

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LIST OF TRUSTEES AND CONTACT INFORMATION FOR <u>I.B.E.W. LOCAL 1249 PENSION FUND</u> (EIN # 15-6035161)

Mr. James E. Baker, Jr., Union Trustee I.B.E.W. Local 1249 Pension Fund 6518 Fremont Road P.O. Box 277
East Syracuse, New York 13057
Telephone: (315) 656-7253

Mr. William C. Boire, Chairman, Union Trustee I.B.E.W. Local 1249 Pension Fund 6518 Fremont Road P.O. Box 277 East Syracuse, New York 13057 Telephone: (315) 656-7253

Mr. Harry D. Saville, Union Trustee I.B.E.W. Local 1249 Pension Fund 6518 Fremont Road P.O. Box 277 East Syracuse, New York 13057 Telephone: (315) 656-7253

Mr. Michael G. Gilchrist, Employer Trustee I.B.E.W. Local 1249 Pension Fund c/o Northeastern Line Constructor Chapter, NECA 700 White Plans Road, Suite 271 Scarsdale, New York 10583-5063 Telephone: (914) 723-2527

Mr. Joseph L. Redman, Employer Trustee I.B.E.W. Local 1249 Pension Fund c/o Lewis Tree Service, Inc. 300 Lucius Gordon Drive West Henrietta, New York 14586 Telephone: (585) 436-3208

Mr. James C. Atkins, Employer Trustee I.B.E.W. Local 1249 Pension Fund c/o PAR Electrical Contractors, Inc. 2444 Route 9N P.O. Box 247 Ausable Forks, New York 12912 Telephone: (518) 647-8198

jmc\Madoff\SIPC\IBEW1249PF\\TrusteesList

LABORERS' LOCAL 103 FUNDS

P.O. BOX 571 GENEVA, NY 14456

PENSION + WELFARE + ANNUITY + TRAINING

PH: 315-539-4220 FAX: 315-539-4150

February 25, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Laborers Local 103 Annuity Fund ("Fund").

Please advised if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Laborers' Local 103 Annuity Fund

Carmen A. Serrett, Sr.

Fund Manager

Enclosures

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Claim	Number	
Date F	Receiver	4

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

aborers Local 103 Annuity Fund
O. Box 571
eneva, NY 14456
come Plus Investment Fund,
ladoff Account #: 1-I0004
ax ID #: 01-6214544

Provide your office and home telephone no.

OFFICE: (315) 539 -4220

HOME: (315) 781 - 0633

Taxpaver ID Number (Social Security No.)

01 - 6214544

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008.:

a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

s 1465 s - 0 -

	C.	If you wish to repay the Debit Balance,		
		please insert the amount you wish to repay	and	
		attach a check payable to "Irving H. Picard	, Esq.,	
		Trustee for Bernard L. Madoff Investment S	Securities LLC."	
		If you wish to make a payment, it must be	enclosed	
		with this claim form.	\$	>-
	d.	If balance is zero, insert "None."	<u>No</u>	ne_
2.	Clai	m for securities as of December 11, 2008:		
PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR POSS	ESSION.
		-	YES	NO
	a.	The Broker owes me securities _	X	
	b.	I owe the Broker securities		<u>X</u>
	C.	If yes to either, please list below:		
				of Shares or unt of Bonds
Date			The Broker	
	action date)	Name of Security	Owes Me (Long)	the Broker (Short)
(2. 440		\$104.636.73	X	
		Please refer to Income Plus		***************************************
		Investment Fund SIPC Claim;		
**************************************		the above estimated amount is the	######################################	полемов иншиним положения пределения
ESTABLISHMAN	army on the state of the state	Claimant's share of the Madoff	ellulatorius transportus produceron communici de della	Se-2007re mannenman (1962)

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>X</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u> </u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u> </u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u>X</u>

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.	<u> </u>	
	Please list the full name and address of anyone preparation of this claim form: See Exhil		
	cannot compute the amount of your claim, you may please indicate your claim is an estimated claim.	file an estimated claim. In the	at
CONVIC	A VIOLATION OF FEDERAL LAW TO FILITICTION CAN RESULT IN A FINE OF NOT SONMENT FOR NOT MORE THAN FIVE YEARS	MORE THAN \$50,000 O	
	FOREGOING CLAIM IS TRUE AND ACCURA RMATION AND BELIEF.	TE TO THE BEST OF M	ΙΥ
Date	2-25-09 Signature C	Cedico	
Date	Signature		
address than a pe	nership of the account is shared, all must sign aboves, phone number, and extent of ownership on a spersonal account, e.g., corporate, trustee, custodia uthority. Please supply the trust agreement or other	igned separate sheet. If othe n, etc., also state your capacit	er
	Exhibit B This customer claim form must be completed together with supporting documenta		

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR LABORERS LOCAL 103 ANNUITY FUND (EIN # 01-6214544)

Dr. John P. Jeanmeret, President J.P Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Carmen A. Serrett, Sr. Laborers Local 103 Annuity Fund P.O. Box 571 Geneva, New York 14456 Telephone: (315) 539-4220 08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 21 of 131

RESOLUTION

WHEREAS, the Laborers Local 103 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Carmen A. Serrett, Sr., Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 2/26/09	By: LABORERS LOCAL 103 ANNUITY FUND
	Carmen A. Serrett, Sr., Union Trustee
Dated: 2/24/09	By: Earl N. Hall, Employer Trustee

klc/Madoff/Lab103AF/SIPC Resolution-Indirect

LABORERS LOCAL 103 ANNUITY FUND (EIN # 01-6214544)

UNION TRUST EES

Carmen A. Serrett, Sr. Laborers Local 1 03 Annuity Fund P.O. Box 571 Geneva, New York 14456 Telephone: (315) 539-4220

EMPLOYER TRUSTEES

Earl N. Hall Laborers' Local 103 Annuity Fund c/o CEA of CNY, Inc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-5044

LABORERS' LOCAL 103 FUNDS

P.O. BOX 571 GENEVA, NY 14456

PENSION + WELFARE + ANNUITY + TRAINING

PH: 315-539-4220 FAX: 315-539-4150

February 25, 2009

Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Laborers Local 103 Pension Fund ("Fund").

Please advised if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Laborers' Local 103 Pension Fund

Carmen A. Serrett, Sr.

Fund Manager

Enclosures

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Claim	n Number
Date	Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

	Provide your office and home telephone no
Laborers Local 103 Pension Fund 2.O. Box 571	OFFICE: (315) 539-4220
Peneva, NY 14456 ncome Plus Investment Fund,	HOME: (315) 781- 0633
/ladoff Account #: 1-I0004 Tax ID #: 16-6062260	Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008.:
 - a. The Broker owes me a Credit (Cr.) Balance of

\$ <u>- C - </u>

b. I owe the Broker a Debit (Dr.) Balance of

	C.	If you wish to repay the Debit Balance,			
		please insert the amount you wish to repay	y and		
		attach a check payable to "Irving H. Picard	l, Esq.,		
		Trustee for Bernard L. Madoff Investment	Securitie	s LLC."	
		If you wish to make a payment, it must be	enclos	ed	
		with this claim form.		\$_ <i>- 0</i>	
	d.	If balance is zero, insert "None."		Nor)e
2.	Clair	m for securities as of December 11, 2008:			
PLEASE	DO	NOT CLAIM ANY SECURITIES YOU HAVE	E IN YOU	JR POSSE	SSION.
			YES	· · · · · · · · · · · · · · · · · · ·	<u>NO</u>
	a.	The Broker owes me securities	X		
	b.	I owe the Broker securities			X
	C.	if yes to either, please list below:			
			_ <u>F</u>	Number of	f Shares or nt of Bonds
D-4F				ne Broker	l Owe
Date of Transact				wes Me	the Broker
(trade da	ite)	Name of Security	į	(Long)	(Short)
		<u>♯ 527,173.79</u>	***************************************	X	
		Please refer to Income Plus	***************************************	***************************************	www.wasanananananananananananananananananana
		Investment Fund SIPC Claim:			WATER TO THE TOTAL TO THE TABLE AND
		the above estimated amount is the	STATE OF THE STATE	OTH-OTH O LANGUIC PONTESSANCIA LANGUICA.	Manusco-Programme on a superior and the superior specific
		Claimant's share of the Madoff			devolution to the second of th
TWO.		loss only.	1	4: - 4 4:	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	when the day of the order and the day of the order and the	X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u> </u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	*	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u> </u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	Westerland & The Street Control of the Street Control	X

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A
	nnot compute the amount of your claim, you may file an estimated claim. In that ease indicate your claim is an estimated claim.
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. TION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR NMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
	REGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY ATION AND BELIEF.
Date	3-35-09 Signature Codul
Date	Signature
address, than a pe	ship of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If other ersonal account, e.g., corporate, trustee, custodian, etc., also state your capacity ority. Please supply the trust agreement or other proof of authority.)
	hibit B This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:
	Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities I.I.C.

Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR LABORERS LOCAL 103 PENSION FUND EIN #16-6062260

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Carmen A. Serrett, Fund Manager Laborers' Local 103 Pension Fund 1126 Waterloo-Geneva Road Waterloo, New York 13165 Telephone: (315) 539-4220

<u>LABORERS LOCAL 103 PENSION FUND</u> (EIN # 16-6062260)

UNION TRUSTEES

Carmen A. Serrett, Sr. Laborers Local 103 Pension Fund P.O. Box 571 Geneva, New York 14456 Telephone: (315) 539-4220

Carmen A. Serrett, Jr. Laborers Local 103 Pension Fund P.O. Box 571 Geneva, New York 14456 Telephone: (315) 539-4220

EMPLOYER TRUSTEES

Earl N. Hall Laborers Local 103 Pension Fund c/o CEA of CNY, Inc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-5044

Nicholas P. Massa Laborers Local 103 Pension Fund 630 Preemption Road Geneva, New York 14456 Telephone: (315) 439-4220

RESOLUTION

WHEREAS, the Laborers Local 103 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Carmen A. Serrett, Sr., Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		LABORERS LOCAL 103 PENSION FUND
126/09	By:	Calatte
•		Carmen An Serrett, Sr., Union Trustee
124/09	By:	Carmen A. Serrette Tr., Union Trustee
	124/09	121.100

Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Customer Claims Pg 33 of 131 08-01789-cgm Doc 4068-3 Part 2

2/24/09 Dated:__

Dated:___

Nicholas P. Massa, Employer Trustee

klc/Madoff/Lab103PF/SIPC Resolution-Indirect

LABORERS' LOCAL 103 FUNDS

P.O. BOX 571 GENEVA, NY 14456

PENSION + WELFARE + ANNUITY + TRAINING

PH: 315-539-4220 FAX: 315-539-4150

February 25, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Laborers Local 103 Annuity Fund ("Fund").

Please advised if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Laborers' Local 103 Annuity Fund

Carmen A. Serrett, Sr.

Fund Manager

Enclosures

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Claim	Number	
Date F	Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

aborers Local 103 Annuity Fund
O. Box 571
eneva, NY 14456
come Plus Investment Fund,
ladoff Account #: 1-I0004
ax ID #: 01-6214544

Provide your office and home telephone no.

OFFICE: (315) 539 -4220

HOME: (315) 181 - 0633

Taxpaver I D Number (Social Security No.)

— 01 - 6214544

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008.:

a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

s <u>1465</u> s <u>- 0 - </u>

	C.	If you wish to repay the Debit Balance,			
		please insert the amount you wish to repay	and		
		attach a check payable to "Irving H. Picard	, Esq.,		
		Trustee for Bernard L. Madoff Investment S	Securities LLC."		
		If you wish to make a payment, it must be enclosed			
		with this claim form.	\$ <i>- 0</i> -		
	d.	If balance is zero, insert "None."	<u>No</u>	ne_	
2.	Clai	m for securities as of December 11, 2008:			
PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR POSS	ESSION.	
		-	YES	NO	
	a.	The Broker owes me securities _	X		
	b.	I owe the Broker securities		<u>X</u>	
	C.	If yes to either, please list below:			
				of Shares or unt of Bonds	
Date of			The Broker		
Transaction (trade date)		Name of Security	Owes Me (Long)	the Broker (Short)	
		\$104.636.73	X		
		Please refer to Income Plus		***************************************	
		Investment Fund SIPC Claim;			
**************************************		the above estimated amount is the	######################################	полемов иншиним положения пределения	
ESTABLISHMAN	army on the state of the state	Claimant's share of the Madoff	ellulatorius transportus produceron communici de della	Se-2007re mannenman (1962)	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>_X</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u> </u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u> </u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u>X</u>

08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 38 of 131

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.	<u> </u>		
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A			
	annot compute the amount of your claim, you may file an estimated claim. ease indicate your claim is an estimated claim.	in that		
IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.				
THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.				
Date	2-25-09 Signature Caluato			
Date	Signature			
(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)				
	xhibit B This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:			

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR LABORERS LOCAL 103 ANNUITY FUND (EIN # 01-6214544)

Dr. John P. Jeanmeret, President J.P Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Carmen A. Serrett, Sr. Laborers Local 103 Annuity Fund P.O. Box 571 Geneva, New York 14456 Telephone: (315) 539-4220 08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 42 of 131

RESOLUTION

WHEREAS, the Laborers Local 103 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Carmen A. Serrett, Sr., Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 2/26/09	By: LABORERS LOCAL 103 ANNUITY FUND
	Carmen A. Serrett, Sr., Union Trustee
Dated: 2/24/09	By: Earl N. Hall, Employer Trustee

klc/Madoff/Lab103AF/SIPC Resolution-Indirect

LABORERS LOCAL 103 ANNUITY FUND (EIN # 01-6214544)

UNION TRUST EES

Carmen A. Serrett, Sr. Laborers Local 1 03 Annuity Fund P.O. Box 571 Geneva, New York 14456 Telephone: (315) 539-4220

EMPLOYER TRUSTEES

Earl N. Hall Laborers' Local 103 Annuity Fund c/o CEA of CNY, Inc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-5044 08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 44 of 131

Plumbers & Steamfitters Local 73

Health, Welfare, Retirement and Annuity Funds
P.O. BOX 911

OSWEGO, NEW YORK 13126 (315) 343-1808 • FAX: (315) 343-4184



FEBRUARY 27,2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Local 73 Retirement Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Local 73 Retirement Fund

James P. Gaffney

Administrative Manager

Enclosures

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Claim	Number	·····
Date F	Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Local 73 Retirement Fund P.O. Box 911 Dswego, NY 13126 ncome Plus Investment Fund, Madoff Account #: 1-I0004

Γax ID #: 15-6016577

15-6010577

Provide your office and home telephone no.

HOME: (315) 657 - 8821

15-6010577

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008.
 - a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

\$ 1,320.60 \$ -0-

08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 46 of 131

	C.	If you wish to repay the Debit Balance,		
		please insert the amount you wish to repay	and	
		attach a check payable to "Irving H. Picard,	, Esq.,	
		Trustee for Bernard L. Madoff Investment S		
		If you wish to make a payment, it must be	enclosed	
		with this claim form.	s <u> - C</u>	>-
	d.	If balance is zero, insert "None."	No	<u>1e</u>
2.	Clai	m for securities as of December 11, 2008:		
PLEA	ASE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR POSSI	ESSION.
		-	YES	NO
-	a.	The Broker owes me securities	<u>×</u> _	
	b.	I owe the Broker securities _		<u> </u>
	C.	If yes to either, please list below:	÷	
				of Shares or unt of Bonds
	te of		The Broker	
	isaction le date)	Name of Security	Owes Me (Long)	the Broker (Short)
(0,000		\$9,435,396.12	X	
********		Please refer to Income Plus		***************************************
+		Investment Fund SIPC Claim;	Address of the Control of the Contro	
		the above estimated amount is the	,	
	·	<u>Claimant's Share of the Madoff</u> 1055 only.		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	`	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X

3

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08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 48 of 131

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.
	preparation of this claim form: See Exhibit A
	nnot compute the amount of your claim, you may file an estimated claim. In that ease indicate your claim is an estimated claim.
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. TION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR DINMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
	PREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY IATION AND BELIEF.
Date _	EB 27, 2001 Signature Coleta Couall
Date _	EB. 27, 2008 Signature James Gulfu
address, than a pe	rship of the account is shared, all must sign above. Give each owners name, phone number, and extent of ownership on a signed separate sheet. If other ersonal account, e.g., corporate, trustee, custodian, etc., also state your capacity nority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR LOCAL 73 RETIREMENT FUND EIN #15-6010577

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

James P. Gaffney, Administrative Manager Local 73 Retirement Fund 705 East Seneca Street Oswego, New York 13126 Telephone: (315) 343-1808

RESOLUTION

WHEREAS, the Local 73 Retirement Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James P.

Gaffney, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		LOCAL 73 RETIREMENT FUND
Dated: 2 20 09	Ву:	tatuk of Carrall
		Patrick Carroll, Union Trustee
Dated: 2/20/09	Ву:	Timothy A. Donovar Timothy Donovan, Union Trustee

08-01789-cgm Doc 4068-3 Part 2	Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Customer Claims Pg 53 of 131
Dated: 02.20.09	Ву:
	Timothy Rice, Union Trustee
Dated:	Ву:
	Timothy Donovan, Union Trustee
Dated:	By:
	Christopher Stone, Employer Trustee
Dated:	By:
	Frederick J. Volkomer, Employer Trustee
Dated:	By:
	Frederick J. Volkomer, II, Employer Trustee

Klc\Madoff\Local73RF\misc\RFResolutionBeaconIncPlus

08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 54 of 131

Dated:	By:	
	•	Timothy Rice, Union Trustee
Dated:	By:	
(/		Timothy Donovan, Union Trustee
Dated: 1 14 59	By:	Mustophy After
		Christopher Stone, Imployer Trustee
Dated:	Ву:	
		Frederick J. Volkomer, Employer Trustee
Dated:	By:	
		Frederick I Volkomer II Employer Trustee

Klc\Madoff\Local73 AF\misc\AFResolutionIncPlus

08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 55 of 131

Dated:	By:	
	·	Timothy Rice, Union Trustee
Dated:	By:	
	•	Christopher Stone, Employer Trustee
Dated: 2-27-09	By:	Zulud J. Voltoner
		Frederick J. Volkomer, Employer Trustee
Dated: 2-27-09	Ву:	Frederick J. Volkomer, II. Employer Trustee
	•	Frederick J. Volkomer, II. Employer Trustee

Klc\Madoff\Local73RF\misc\RFResolutionBeaconIncPlus

LOCAL 73 RETIREMENT FUND EIN NO. 15-6010577

UNION TRUSTEES

Christopher J. Stone Hyde-Stone Mechanical 29 Hatch Road Potsdam, New York 13676 Telephone: (315) 265-6999

Frederick Volkomer 205 West Albany Street P.O. Box 1037 Oswego, New York 13126 Telephone: (315) 343-9315

Frederick Volkomer, II P.O. Box 1037 Oswego, New York 13126 Telephone: (315) 343-9315

EMPLOYER TRUSTEES

Patrick Carroll 65 Baitsell Road Oswego, New York 13126 Telephone:

Timothy Rice U.A. Local Union No. 73 P.O. Box 911 Oswego, New York 13126

Timothy Donovan 336 S.W. 8th Street Oswego, New York 13126 Telephone:

jmc\jmc\Madoff\SIPC\IndirectMadoffInvestment\Local73RF\TrusteeContactInfoPF



-Pension Fund-

23 MITCHELL ST., OSWEGO, N.Y. 13126 • (315) 343-1666



February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Oswego Laborers' Local 214 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Oswego Laborers' Local 214 Pension Fund

Cynthia Castaldo Administrator

Enclosures

CI	15	TO	ΜE	D (\cap	Δ١	M
- U-1	, .		*: -		سأحسا		

Claim Number	•••••
Date Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide y	our office and home telephone no	٥.
OFFICE:	(315) 343 - 1666	
HOME:_	(315) 413-0225	
Taxpaye	1.D. Number (Social Security No	.)

Laborers Local 214 Pension Fund 23 Mitchell Street Oswego, NY 13126 Income Plus Investment Fund, Madoff Account #: 1-I0004 Tax ID #: 16-0876163

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of

\$ -0-

b. I owe the Broker a Debit (Dr.) Balance of

	C.	If you wish to repay the Debit Balance,		
		please insert the amount you wish to repay	and	
		attach a check payable to "Irving H. Picard,	Esq.,	
		Trustee for Bernard L. Madoff Investment S	Securities LLC."	
		If you wish to make a payment, it must be	enclosed	
		with this claim form.	\$	0-
	d.	If balance is zero, insert "None."	N	ne_
2.	Clai	m for securities as of December 11, 2008:	·	
	* C	NOT CLAIM ANY SECURITIES YOU HAVE	IN VOLID BOSS	SECCION
PLE.	ASE DO	NOT CLAIM ANT SECURITIES TOO HAVE	IN TOOK FOS.	SESSION.
		•••	YES	NO
	a.	The Broker owes me securities	<u> </u>	
	b.	I owe the Broker securities		<u> </u>
	C.	if yes to either, please list below:		
			Number	of Shares or
			Face Amo	ount of Bonds
Da	te of		The Broke	r I Owe
	saction	blome of Security	Owes Me	the Broker (Short)
(тас	de date)	Name of Security	(Long)	(Short)
		43,445,215.40	<u>X</u>	**************************************
2000		Please refer to Income Plus		
		Investment Fund SIAC Claim;	Apr. 4.3 - 144 Apr. 4.4 - 144 Apr. 4.4	
***************************************		the above estimated amount is the	m-vv-dervice and development of the second	
		Claimant's Share of the Madoff		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	Payer Section Control of the Association Control	X

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A
If you ca case, ple	nnot compute the amount of your claim, you may file an estimated claim. In that ase indicate your claim is an estimated claim.
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. TION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR DINMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
INFORM	PREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY ATION AND BELIEF. 2/27/09 Signature Contact Co
Date	Signature Signature Signature
(If owner address, than a pe	ship of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If other ersonal account, e.g., corporate, trustee, custodian, etc., also state your capacity ority. Please supply the trust agreement or other proof of authority.)
	hibit B This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR OSWEGO LABORERS' LOCAL 214 PENSION FUND [EIN #16-0876163]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Cynthia Castaldo, Administrator Oswego Laborers' 214 Local Pension Fund 23 Mitchell Street Oswego, New York 13126 Telephone: (315) 343-1666

RESOLUTION

WHEREAS, the Oswego Laborers' Local 214 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Cynthia Castaldo, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

> OSWEGO LABORERS' LOCAL 214 PENSION EUND

Dated: $\frac{2}{24/09}$

By:

William F. Shannon, Union Trustee

By:

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Dated: 02-24-09	By:	Michael Blascuenski Mighael Blasczienski, Union Tolstee
Dated: 2.24-09	By:	Fall
Dated:	By:	Earl N. Hall, Employer Trustee Attached
Dated: FEB 24 2009	By:	Paul Castaldo, Employer Trustee
	•	Earl R. Hall, Employer Trustee

klc/Madoff/OswegoLabPF/SIPC Resolution - Indirect

RESOLUTION

WHEREAS, the Oswego Laborers' Local 214 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Cynthia Castaldo, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		OSWEGO LABORERS' LOCAL 214 PENSION FUND	
Dated:	By:	William F. Shannon, Union Trustee	
Dated:	By:	William 1. Shamon, Omon Trustee	
	_	David Henderson, Jr., Union Trustee	•



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Dated:	By:	
	·	Michael Blasczienski, Union Trustee
Dated:	By:	
		Earl N. Hall Employer Trustee
Dated: 2-25-09	By:	Hall stales
	•	Paul Castaldo, Employer Trustee
Dated:	By:	
		Earl R. Hall, Employer Trustee

klc/Madoff/OswegoLabPF/SIPC Resolution - Indirect

OSWEGO LABORERS' LOCAL 214 PENSION FUND (EIN # 16-0876163)

UNION TRUSTEES

William F. Shannon Oswego Laborers' Local 214 Pension Fund c/o Upstate Laborers District Council 200 Salina Meadows Parkway Suite 210 Syracuse, New York 13212 Telephone: (315) 413-0225

David Henderson, Jr.
Oswego Laborers' Local 214 Pension Fund
23 Mitchell Street
Oswego, New York 13126
Telephone: (315) 343-7661

Michael Blasczienski Oswego Laborers' Local 214 Pension Fund 103 Dietrich Road Oswego, New York 13126 Telephone: (315) 592-4041

EMPLOYER TRUSTEES

Earl N. Hall Oswego Laborers' Local 214 Pension Fund c/o CEA of CNY, Inc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-9936

Paul Castaldo
Oswego Laborers' Local 214 Pension
Fund
c/o Paul A. Castaldo, Inc.
11 Fourth Avenue, Suite D
Oswego, New York 13126
Telephone: (315) 343-7980

Earl R. Hall Oswego Laborers' Local 214 Pension Fund c/o CEA of CNY, Inc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-4050 08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Customer Claims Pg 70 of 131 Part 2

ROOFERS' LOCAL 195 HEALTH, PENSION & ANNUITY FUNDS

6200 State Route 31 • Cicero, New York 13039 • Phone (315) 699-1388 • Fax (315) 699-1390

February 26, 2009

Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities L.L.C. Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Roofers Local 195 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Roofers Local 195 Pension Fund

Patricia A. Redhead

Plan Manager

Enclosures



C_{i}	IST	ON	IER.	CL	.AI	М

Claim Number	
Date Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

	Provide your office and home telephone no.
Roofers Local 195 Pension Fund 6200 State Route 31	OFFICE: (315) 699-1388
Cicero, NY 13039 Income Plus Investment Fund,	HOME: (315) 439-4528
Madoff Account #: 1-I0004 Tax ID #: 16-6158018	Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1.	Claim for money balances as of December 11, 20	08_:
1.	Claim for morey balances as of December 11, 20	,00

a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

\$ 73.17 \$ -0-

502180406

If you wish to make a payment, it must be enclosed with this claim form. d. If balance is zero, insert "None." 2. Claim for securities as of December 11, 2008: PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Number of Shares or Face Amount of Bonds Date of Transaction (trade date) Name of Security Please vefer to Income Plus Investment Fund SIPC Claim; the above estimated amount is the Claimant's Share of the madoff		C.	If you wish to repay the Debit Balance, please insert the amount you wish to repay and attach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC."						
d. If balance is zero, insert "None." 2. Claim for securities as of December 11, 2008: PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Number of Shares or Face Amount of Bonds Date of Transaction (trade date) Name of Security Please wefer to Income Plus Investment Fund SIPC Claim: the above estimated amount is the Claimant's Share of the madoff			If you wish to make a payment, it must be enclosed						
2. Claim for securities as of December 11, 2008: PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Number of Shares or Face Amount of Bonds Date of Transaction (trade date) Name of Security Please refer to Income Plus Investment Fund SIPC Claim: the above estimated amount is the Claimant's Share of the madoff			with this claim form.	;	. A-				
PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO X a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Number of Shares or Face Amount of Bonds Date of Transaction (trade date) Name of Security Please verex to Income Plus Investment Fund SIPC Claim; the above estimated amount is the Claimant's Share of the madoff		d.	If balance is zero, insert "None."		None				
a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Number of Shares or Face Amount of Bonds	2.	Clair	n for securities as of December 11, 2008:						
a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Number of Shares or Face Amount of Bonds	PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.								
b. I owe the Broker securities c. if yes to either, please list below: Number of Shares or Face Amount of Bonds				YES		NO			
C. If yes to either, please list below: Number of Shares or Face Amount of Bonds		a.	The Broker owes me securities	X					
Number of Shares or Face Amount of Bonds Date of Transaction (trade date) Name of Security (Long) (Short) **B 522,765.42 **Please vefer to Income Plus The above estimated amount is the Claimant's Share of the Madoff	,	b.	I owe the Broker securities			χ			
Date of Transaction (trade date) Name of Security Please vefer to Income Plus Investment Fund SIPC Claim: the above estimated amount is the Claimant's Share of the madoff		c.	if yes to either, please list below:						
Transaction (trade date) Name of Security Dease refer to Income Plus Trucstment Fund SIPC Claim: The above estimated amount is the Claimant's Share of the madoff									
(trade date) Name of Security (Long) (Short) # 522,765.42 Please refer to Income Plus Investment Fund SIPC Claim: the above estimated amount is the Claimant's Share of the Madoff	Date of	·		The	Broker	l Owe			
# 522,765.42 Please refer to Income Plus Investment Fund SIPC Claim: the above estimated amount is the Claimant's Share of the Madoff			Name of Security						
Please refer to Income Plus Investment Fund SIPC Claim; the above estimated amount is the Claimant's Share of the Madoff	(trade da	110)		\ <u></u>	/ /	(Gliott)			
			*522,765.42	_2	<u> </u>				
the above estimated amount is the Claimant's Share of the Madoff			Please refer to Income Plus						
Claimant's Share of the Madoff			Investment Fund SIPC Claim:			·			
			the above estimated amount is the						
1000 01141	<u></u>		<u>Claimant's Share of the Madoff</u> 1055 only.	**********					

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	Management of the second	
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u> </u>

9.	Have you or any member of ever filed a claim under the Investor Protection Act of so, give name of that broken	e Securities 1970? if	<u>X</u>
		nd address of anyone assisting you in the orm: See Exhibit A	
If you car case, ple	nnot compute the amount of ase indicate your claim is a	f your claim, you may file an estimated clain in estimated claim.	n. In that
CONVIC.	TION CAN RESULT IN	RAL LAW TO FILE A FRAUDULENT A FINE OF NOT MORE THAN \$50, THAN FIVE YEARS OR BOTH.	CLAIM. 000 OR
THE FO	REGOING CLAIM IS TR ATION AND BELIEF.	UE AND ACCURATE TO THE BEST	OF MY
Date 👌	126/09	Signature atterior Secho	<u>. </u>
Date		Signature	
(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)			
See Ext	nis customer claim form r	nust be completed and mailed promptly porting documentation, etc. to:	ı

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR **ROOFERS LOCAL 195 PENSION FUND** [EIN #16-6158018]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq. Jonathan M. Cerrito, Esq. Blitman & King LLP Franklin Center, Suite 300 443 North Franklin Street Syracuse, New York 13204-5412 Telephone: (315) 422-7111

Patricia Redhead, Plan Manager Roofers Local 195 Pension Fund 6200 State Route 31 Cicero, New York 13039 (315) 699-1388

EXHIBIT B

RESOLUTION

WHEREAS, the Roofers' Local 195 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Patricia Redhead, Plan Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ROOFERS' LOCAL 195 PENSION FUND

Dated: 2/20/09

3y:

anald E. Hanay Union Truck

08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 79 of 131

Dated: 220-09	By: Mull Crouse, Union Trustee
Dated: 2/20/09	By: Kevin Milligan, Union Trustee
Dated: 2/23/09	By: Richard Anderson, Employer Trustee
Dated: 2-20-09	By: Joseph Chiarizia, Employer Trustee
Dated: 114 09	By: Charles D. Midddleton, Employer Trustee

LIST OF TRUSTEES AND CONTACT INFORMATION FOR ROOFERS' LOCAL 195 PENSION FUND (EIN # 16-6158018)

Mr. Ronald E. Haney, Chairman, Union Trustee Roofers' Local 195 Pension Fund 6200 State Route 31 Cicero, New York 13039 Telephone: (315) 699-1808

Gerald W. Crouse, Union Trustee Roofers' Local 195 Pension Fund c/o 6680 State Highway 5 Fort Plain, New York 13339 Telephone: (518) 993-2842

Mr. Kevin Milligan, Union Trustee Roofers' Local 195 Pension Fund 6200 State Route 31 Cicero, New York 13039 Telephone: (315) 699-1808

Mr. Richard Anderson, Secretary, Union Trustee Roofers' Local 195 Pension Fund c/o WCA Roofing and Sheet Metal P.O. Box 399 East Syracuse, New York 13057 Telephone: (315) 463-5291

Mr. Joseph Chiarizia, III, Employer Trustee Roofers' Local 195 Pension Fund c/o Josall Syracuse, Inc. P.O. Box 158 Eastwood Station Syracuse, New York 13206 Telephone: (315) 463-9214

Mr. Charles D. Middleton, Employer Trustee Roofers' Local 195 Pension Fund c/o DeWald Roofing Co., Inc. P.O. Box 479 Central Square, New York 13063 Telephone: (315) 676-2744 08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 81 of 131

ROOFERS' LOCAL 195 **HEALTH, PENSION & ANNUITY FUNDS**

6200 State Route 31

Cicero, New York 13039 Phone (315) 699-1388 Fax (315) 699-1390

February 26, 2009

Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities L.L.C. Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Roofers Local 195 Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Roofers Local 195 Annuity Fund

Patricia A. Redhead

Plan Manager

Enclosures



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~ ~	<i>-</i>	- V- 1 #	I home 5		

Claim	Number	
Date F	Receive	4

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Roofers Local 195 Annuity Fund
6200 State Route 31
Cicero, NY 13039
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Tax ID #: 14-1721374

Provide y	our office ai	nd home	e telephone no
OFFICE:_	(315)4	099-1	388
HOME:	(315)	439	- 4522
Taxpayer	I.D. Numbe - 1721	er (Socia 374	al Security No.)

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008;
a. The Broker owes me a Credit (Cr.) Balance of \$ 141.44
b. I owe the Broker a Debit (Dr.) Balance of \$ -C-

please insert the amount you wish to repay and attach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC." If you wish to make a payment, it must be enclosed with this claim form. d. If balance is zero, insert "None." 2. Claim for securities as of December 11, 2008: PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Date of Transaction (trade date) Name of Security Please vertex to Texame Plus Towestment fond Stinc Claim; the above estimated amount is the Claimant's share of the madoff					
attach a check payable to "Irving H. Picard, Esq., Trustee for Bemard L. Madoff Investment Securities LLC." If you wish to make a payment, it must be enclosed with this claim form. d. If balance is zero, insert "None." 2. Claim for securities as of December 11, 2008: PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Number of Shares of Face Amount of Bond Date of Transaction (trade date) Name of Security Name of Security Long (Short) 1 Owe Owes Me the Broker		C.	If you wish to repay the Debit Balance,		
Trustee for Bernard L. Madoff Investment Securities LLC." If you wish to make a payment, it must be enclosed with this claim form. d. If balance is zero, insert "None." 2. Claim for securities as of December 11, 2008: PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. If yes to either, please list below: Number of Shares of Face Amount of Bond Date of Transaction (Indeed ate) Name of Security Plagse value to Invane Plus Invistment fund Sinc Claim: The above estimated amount is the Claimant's Share of the madoff			please insert the amount you wish to repay	and	
If you wish to make a payment, it must be enclosed with this claim form. d. If balance is zero, insert "None." 2. Claim for securities as of December 11, 2008: PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. If yes to either, please list below: Number of Shares of Face Amount of Bond Date of Transaction (trade date) Name of Security **I,010,579.64* **Please refer to Income Plus Invistment Fund SiPC Claim; The above estimated amount is the Claimant's Share of the madoff			attach a check payable to "Irving H. Picard,	Esq.,	
with this claim form. d. If balance is zero, insert "None." Claim for securities as of December 11, 2008: PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Date of Transaction (trade date) Name of Security Please refer to Income Plus Investment Fund SIPC Claim: the above estimated amount is the Claimant's Share of the madoff			Trustee for Bernard L. Madoff Investment S	Securities LLC."	
d. If balance is zero, insert "None." Claim for securities as of December 11, 2008: PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. If yes to either, please list below: Number of Shares of Face Amount of Bond Date of Transaction (trade date) Name of Security Please refer to Income Plus Investment Fund SIPC Claim: the above estimated amount is the Claimant's Share of the madoff			If you wish to make a payment, it must be	enclosed	
2. Claim for securities as of December 11, 2008: PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Number of Shares of Face Amount of Bond Date of Transaction (trade date) Name of Security SIGNO, 579.644 Please refer to Income Plus Investment Fund SIPC Claim: the above estimated amount is the Claimant's Share of the Madoff			with this claim form.	\$	>
PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO a. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Date of Transaction (trade date) Name of Security Please refer to Income Plus Investment Fund SIPC Claim; the above estimated amount is the Claiment's Share of the madoff		d.	If balance is zero, insert "None."	No	ne_
PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION. YES NO A. The Broker owes me securities b. I owe the Broker securities c. if yes to either, please list below: Number of Shares of Face Amount of Bond	2.	Cla	im for securities as of December 11, 2008:		
a. The Broker owes me securities b. I owe the Broker securities c. If yes to either, please list below: Date of Transaction (trade date) Name of Security B 1,010,579.64 Please vefer to Income Plos Investment Fund Sire Claim; the above estimated amount is the Claimant's Share of the madoff			NOT OF AIRE AND OF OUR TIPE VOLUMENT	IN VOLID DOCC	ECCION
a. The Broker owes me securities b. I owe the Broker securities c. If yes to either, please list below: Number of Shares of Face Amount of Bond	PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN TOUR POSS	ESSIUN.
b. I owe the Broker securities c. If yes to either, please list below: Number of Shares of Face Amount of Bond Date of Transaction (trade date) Name of Security Bl.010,579.64 Please refer to Income Plus Investment Fund SIPC Claim: the above estimated amount is the Claimant's Share of the Madoff				YES	<u>NO</u>
C. If yes to either, please list below: Number of Shares of Face Amount of Bond		а.	The Broker owes me securities	X	
Number of Shares of Face Amount of Bond Date of Transaction (trade date) Name of Security Structure of Shares of the Broker of Shares		b.	I owe the Broker securities	and the second s	X
Date of Transaction (trade date) Name of Security Solution Name of Security Solution Please vefer to Income Plus The Broker of the Madoff		C.	if yes to either, please list below:		
Date of Transaction (trade date) Name of Security Solution Name of Security Solution Please vefer to Income Plus The Broker of the Madoff				Number	of Shares or
Transaction (trade date) Name of Security Strict of Security Owes Me the Broke (Long) Short of Security Short of Security Please refer to Income Plus Investment Fund SIPC Claim: The above estimated amount is the Claimant's Share of the Madoff					
Transaction (trade date) Name of Security Strict of Security Owes Me the Broke (Long) Short of Security Short of Security Please refer to Income Plus Investment Fund SIPC Claim: The above estimated amount is the Claimant's Share of the Madoff	Data	- f		The Broker	LOWA
\$1,010,579.64 X Please refer to Income Plus Investment Fund SIPC Claim: the above estimated amount is the Claimant's Share of the Madoff					the Broker
Please refer to Income Plus Investment Fund SIPC Claim; the above estimated amount is the Claimant's share of the Madoff	(trade	date)	Name of Security	(Long)	(Short)
Investment Fund SIPC Claim: The above estimated amount is the Claimant's Share of the Madoff			\$1,010,579.64	<u>X</u>	
the above estimated amount is the Claimant's Shave of the Madoff			Please refer to Income Plus		3840-000-000-000-000-000-000-000-000-000-
Claimant's Shave of the Madoff			Investment Fund SIPC Claim;	- The second constitution of the second constitu	
			the above estimated amount is the	tane de marchel de maneralement avec av-	
lace make			Claimant's share of the madoff 1055 only.		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	ANI-ANI-ANI-ANI-ANI-ANI-ANI-ANI-ANI-ANI-	X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	***************************************	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	WWW.Mandadan.madruka.asa.asa.qs.qsqqqqqqqqqq	

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9.	Have you or any member ever filed a claim under the Investor Protection Act of so, give name of that broken	ne Securities 1970? if
	Please list the full name a preparation of this claim for	and address of anyone assisting you in the orm: See Exhibit A
If you car case, ple	nnot compute the amount of asset indicate your claim is a	of your claim, you may file an estimated claim. In that an estimated claim.
CONVIC.	TION CAN RESULT IN	RAL LAW TO FILE A FRAUDULENT CLAIM. A FINE OF NOT MORE THAN \$50,000 OR THAN FIVE YEARS OR BOTH.
	REGOING CLAIM IS TE ATION AND BELIEF.	RUE AND ACCURATE TO THE BEST OF MY
Date	1/26/09	Signature Satréein Aprilles
Date		Signature
(If owners address,	ship of the account is shar phone number, and extent	ed, all must sign above. Give each owner's name, tof ownership on a signed separate sheet. If other

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity

and authority. Please supply the trust agreement or other proof of authority.)

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

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EXHIBIT A

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR ROOFERS LOCAL 195 ANNUITY FUND [EIN #14-1721374]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Patricia Redhead, Plan Manager Roofers Local 195 Annuity Fund 6200 State Route 31 Cicero, New York 13039 Telephone: (315) 699-1388

RESOLUTION

WHEREAS, the Roofers' Local 195 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Patricia Redhead, Plan Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ROOFERS' LOCAL 195 ANNUITY FUND

Dated: <u>2/20/09</u>

By:

Ronald F. Haney Union Troster

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Dated: 2-20-09	By: Mund Church Gerald Crouse, Union Trustee
Dated: 2/20/09	By: <u>Kew Multage</u> Kevin Milligan, Union Trustee
Dated: 2/23/09	By: Richard Anderson, Employer Trustee
Dated: 2-20-09	By: Joseph Chiarizia, Employer Trustee
Dated: 2 2 4 0 9	By: Charles D. Midddleton, Employer Trustee

LIST OF TRUSTEES AND CONTACT INFORMATION FOR ROOFERS' LOCAL 195 ANNUITY FUND (EIN # 14-1721374)

Mr. Ronald E. Haney, Chairman, Union Trustee Roofers' Local 195 Annuity Fund

6200 State Route 31

Cicero, New York 13039

Telephone: (315) 699-1808

Gerald W. Crouse, Union Trustee Roofers' Local 195 Annuity Fund c/o 6680 State Highway 5 Fort Plain, New York 13339 Telephone: (518) 993-2842

Mr. Kevin Milligan, Union Trustee Roofers' Local 195 Annuity Fund 6200 State Route 31 Cicero, New York 13039 Telephone: (315) 699-1808

Mr. Richard Anderson, Secretary, Union Trustee Roofers' Local 195 Annuity Fund c/o WCA Roofing and Sheet Metal P.O. Box 399 East Syracuse, New York 13057 Telephone: (315) 463-5291

Mr. Joseph Chiarizia, III, Employer Trustee Roofers' Local 195 Annuity Fund c/o Josall Syracuse, Inc. P.O. Box 158 Eastwood Station Syracuse, New York 13206 Telephone: (315) 463-9214

Mr. Charles D. Middleton, Employer Trustee Roofers' Local 195 Annuity Fund c/o DeWald Roofing Co., Inc. P.O. Box 479 Central Square, New York 13063 Telephone: (315) 676-2744 08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A

SEU 1890 Customer Claims Pg 92 of 131 ENSION FUND

4242 Ridge Lea Road, Suite 30, Amherst, New York 14226 (716) 362-0680 • Fax (716) 332-7671

February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinley Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard,

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the SEIU 1199Upstate Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks to receiving payment of the claim as soon as practical.

Sincerely,

SEIU 1199Upstate Pension Fund

Beth Barrett Fund Manager

Enclosures

Madoff SIPC IndirectMadoffInvest\SEIU 1199 Income Plus

CUSTOMER CLAIM

Claim	Number
Date F	Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

	Provide your office and home telephone no
U. 1199 Upstate Pension Fund Ridge Lea Road, Suite 30 rst, NY 14226 te Plus Investment Fund, ff Account #: 1-I0004 D#: 16-1112391	OFFICE: (315) 424-1754
	HOME: (315) 456 - 9214
	Taxpayer I.D. Number (Social Security No.
	•

(if incorrect, please change)

NOTE:

> BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

4.	Claim	i for	money	balan	ces	2\$	of De	cemb	per 11,	2008_
	a.	The	Broker	owes	me	a	Credit	(Cr.)	Baland	ce of

I owe the Broker a Debit (Dr.) Balance of

S	89.13
\$	

2.	d.	If you wish to repay the Debit Balance, please insert the amount you wish to repay attach a check payable to "Irving H. Picard, Trustee for Bernard L. Madoff Investment S If you wish to make a payment, it must be with this claim form. If balance is zero, insert "None." In for securities as of December 11, 2008:	Esq., Securities L	.LC." - <u>6</u> Non	C-
PLEASE	DO 1	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR	POSSE	SSION.
			YES		NO
	a.	The Broker owes me securities	X	*********	
	b.	I owe the Broker securities			<u>X</u>
	C.	If yes to either, please list below:			
					Shares or nt of Bonds
Date of Transac (trade da	tion	Name of Security *66,366,919.67	Owe	Broker es Me ong)	I Owe the Broker (Short)
		Please refer to Income Plus Investment Fund SIPC Claim:			
Proper		the above estimated amount is the Claimant's Share of the Madoff loss only. I oss only. I mentation can speed the review, allowa	and the second	 eatisfacti	on of your

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

502180406

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	COM: LET.O.		
		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	**************************************	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u>X</u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. Please list the full name and address of anyone assisting you in the				
	preparation of this claim form: See Exhibit A				
	If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.				
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. TION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR DINMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.				
INFORM	PREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY IATION AND BELIEF.				
Date	2/27/09 Signature Deth Darrell				
Date	Signature				
(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)					

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR SEIU 1199UPSTATE PENSION FUND [EIN #16-1112391]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Beth Barrett, Fund Manager SEIU 1199Upstate Pension Fund 4242 Ridge Lea Road, Suite 30 Amherst, New York 14226 Telephone: (716) 362-0680

RESOLUTION

WHEREAS, the SEIU 119Upstate Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett,

Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents

pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other

necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		SEIU 1199UPSTATE PENSION FUND	
Details	By:		
Dated:		George Kennedy, Union Trustee	
Dated: 2/27/09	By:	Carol Ames (b)	
and you are a second or a seco		Carol Ames, Union Trustee	

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Dated:	By:	Todd Hobler, Union Trustee
Dated:	By:	Thomas R. LoStracco, Employer Trustee

klc/Madoff/SEIU 199UPFSIPC/Resolution - Indirect

RESOLUTION

WHEREAS, the SEIU 1199Upstate Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett,

Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents

pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other

necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 2/26/09	Bv:	SEIU 1199UPSTATE PENSION FUND
	~	George Kennedy, Union Trustee
Dated:	By:	Carol Ames, Union Trustee

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Dated: 2 24 09	By:	Fodd Hobler, Union Trustee
Dated:	Ву:	Thomas R. LoStracco, Employer Trustee

klc/Madoff/SEIU 199UPFSIPC/Resolution - Indirect

RESOLUTION

WHEREAS, the SEIU 1199Upstate Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett,

Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents

pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other

necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		SEIU 1199UPSTATE PENSION FUND
Dated:	By:	George Kennedy, Union Trustee
Dated:	By:	Carol Ames Union Trustee

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Dated:	By:	
Dated:	By:	Todd Hobler, Union Trustee
		Thomas R. LoStracco, Employer Trustee

klc/Madoff/SEIU 199UPFSIPC/Resolution - Indirect

SEIU 1199UPSTATE PENSION FUND (EIN #16-16-1112391)

UNION TRUSTEES

George Kennedy SEIU 1199Upstate Pension Fund 4242 Ridge Lea Road, Suite 30 Amherst, NY 14226 Telephone: (716) 982-0540

Carol Ames SEIU 1199Upstate Pension Fund 25 Pullman Street P.O. Box 525 Brockton, NY 14716 Telephone: (716) 332-7671

Todd Hobler SEIU 1199Upstate Pension Fund 974 Kenmore Avenue Buffalo, NY 14216 Telephone: (716) 332-7671

EMPLOYER TRUSTEES

Thomas R. LoStracco SEIU 1199Upstate Pension Fund c/o Schoellkopf Health Center 621 Tenth Street Niagara Falls, NY 14302 Telephone: (716) 278-4876 -08-01789-cgm Doc 4068-3 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit A Part 2 Customer Claims Pg 107 of 131



Service Employees Pension Fund of Upstate New York

1153 West Fayette Street, P.O. Box 1600 Syracuse, New York 13201 Phone 315-424-1754 • 800-733-1754 Fax 315-479-9030 155 Washington Avenue Albany, New York 12210 Phone 518-463-0164 • 800-669-8786 Fax 518-463-0516

February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinley Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard.

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Service Employees Pension Fund of Upstate New York ("Fund").

Please advise if any additional documents are needed. The Fund looks to receiving payment of the claim as soon as practical.

Sincerely,

Service Employees Pension Fund of Upstate New York

3 ct Danett

Beth Barrett Fund Manager

Enclosures

Madoff SIPC IndirectMadoffInvest Income Plus

Syracuse Office

Beth Barrett, Joint Fund Manager Jackie LaPointe, Benefit Specialist Caroline Viscome, Fund Accountant **Albany Office**

Terri Christian, Benefit Coordinator Barbara Emma, Benefit Coordinator

The state of the s

CUSTOMER CLAIM

Claim	Number	
Date f	Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Service Employees Pension Plan of Upstate NY
1153 West Fayette St., PO Box 1240
Syracuse, NY 13201
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Tax ID #: 16-0908576

Provide your office and home telephone no.

OFFICE: (315) 424 - 1764

HOME: (315) 456 - 9214

Taxpayer I.D. Number (Social Security No.)

16-0908516

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008.
 - a. The Broker owes me a Credit (Cr.) Balance of
 - b. I owe the Broker a Debit (Dr.) Balance of

\$ 589.52 \$ - C :

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	C.	If you wish to repay the Debit Balance,			
		please insert the amount you wish to repay	and		
		attach a check payable to "Irving H. Picard,	Esq.,		
		Trustee for Bernard L. Madoff Investment S	Securities L	LC."	
		If you wish to make a payment, it must be	enclosed		
		with this claim form.	\$	- 6	
	d.	If balance is zero, insert "None."	WARRING	Non	<u>C</u>
2.	Clai	m for securities as of December 11, 2008:			
PLEASE	DO:	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR	POSSE	SSION.
		and	YES	depression depression de la constitución de la cons	NO
	a.	The Broker owes me securities	X		audi sakka programina di kalalana kitak da apangan pakaranjan angan ananayan
	b.	l owe the Broker securities		···········	<u>X</u>
	C.	If yes to either, please list below:			
					Shares or
			<u>Fac</u>	<u>ce Amour</u>	nt of Bonds
Date of	f			Broker	Owe
Transaci (trade da		Name of Security		s Me ong)	the Broker (Short)
(4.4.4.4	,	\$4,211,962.91	λ		
		Please refer to Income Plus	www.doisch.nigiolikulik-h.edphynomia	oran pagaman mail del militar di Militari	Defeured COSTATe Transport or a security instance of the Costate Costa
dot-et-2 cologic para de la martina de la ma		Investment Fund SIPC Claim;	namenista de interior de fordes e	ann yn cymru w w wairen feddige	Deviate()-()-()-(
		the above estimated amount is the	dela Constituti de la c	over describer of the fall of the	**************************************
Secretary of the second se		Claimant's Share of the Madoff	SEASON AND		Eligophy
Proper	doc	loss നിഴ്ച. umentation can speed the review, allowa	nce and s	atisfacti	on of you

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	Apply 2 to 3 to 3 to 4 to 4 to 5 to 5 to 5 to 5 to 5 to 5	YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>X</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	**************************************	X
7,	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names,		V

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A
If you cocase, p	annot compute the amount of your claim, you may file an estimated claim. In that lease indicate your claim is an estimated claim.
CONV	A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR SONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
	OREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY MATION AND BELIEF.
Date_	Fibruary 27, 2009 Signature Deth Direct
Date_	Signature
addres than a	ership of the account is shared, all must sign above. Give each owner's name, is, phone number, and extent of ownership on a signed separate sheet. If other personal account, e.g., corporate, trustee, custodian, etc., also state your capacity thority. Please supply the trust agreement or other proof of authority.)
See I	Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR SERVICE EMPLOYEES PENSION FUND OF UNY [EIN #16-0908576]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Beth Barrett, Fund Manager Service Employees Pension Fund of UNY 1153 West Fayette Street P.O. Box 1240 Syracuse, New York 13201 Telephone: (315) 424-1754

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett,

Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents

pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other

necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: By: George Kennedy, Union Trustee Dated: 2/23/09 By: Geremiah Dennis, Union Trustee

SERVICE EMPLOYEES OF UPSTATE NEW

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Dated:	By:	Melvin Florczak, Employer Trustee
Dated:	Ву:	Susan Nicholson, Employer Trustee

klc/Madoff/SEUNYPF/SIPCResolution - Indirect

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett,

Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents

pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other

necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		YORK PENSION FUND
Dated:	By:	
	•	George Kennedy, Union Trustee
Dated:	Bv:	
		Jeremiah Dennis, Union Trustee

SERVICE EMPLOYEES OF UPSTATE NEW

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Dated:	By:
***************************************	Melvin/Florczak, Employer Trustee
Dated: 2/25/05	By: Vin tich Sa
	Susan Nicholson, Employer Trustee

klc/Madoff/SEUNYPF/SIPCResolution - Indirect

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett,

Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents

pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other

necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		SERVICE EMPLOYEES OF UPSTATE NEW YORK PENSION FUND
Dated: 2/26/09	By:	George Kennedy, Union Trustee
Dated:	By:	Ieremiah Dennis, Union Trustee

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Dated: 2/26/09	By:	Melvin Florczak, Employer Trustee
Dated:	By:	Susan Nicholson, Employer Trustee

SERVICE EMPLOYEES OF UPSTATE NEW YORK PENSION FUND (EIN #16-098576)

UNION TRUSTEES

Jeremiah Dennis Service Employees of UNY Pension Fund 1153 West Fayette Street P.O. Box 1130 Syracuse, NY 13201 Telephone: (315) 424-1750

George Kennedy Service Employees of UNY Pension Fund 974 Kenmore Avenue Buffalo, NY 14216 Telephone: (716) 982-0540

EMPLOYER TRUSTEES

Melvin Florczak Service Employees of UNY Pension Fund 58 Grand Prix Drive Cheektowaga, NY 14225 Telephone: (716) 668-0214

Susan Nicholson
Service Employees of UNY Pension
Fund
Menorah Park/Jewish Home
4101 E Genesee St
Syracuse, NY 13214
Telephone: (315) 446-9111

klc\Madoff\SEBF\TrusteeContactInfo



February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Syracuse Builders Exchange, Inc./CEA Pension Plan ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Syracuse Builders Exchange, Inc./CEA Pension

Earl N. Hall

Trustee and Secretary

Enclosures

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Claim Number	
Date Received	

Provide your office and home telephone no.

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

	,
Syracuse Builders Exchange / C.E.A. Pension Plan	OFFICE: (315) 437 -3717
6563 Ridings Road	1015 100 115
Syracuse, NY 13206	HOME: (315) 437 -4050
Income Plus Investment Fund,	
Madoff Account #: 1-I0004	Taxpayer I.D. Number (Social Security No.)
Tax ID #: 16-1598223	15 - 0464360
	-

(If incorrect, please change)

NOTE:

15-046460

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- Claim for money balances as of December 11, 2008: 1.
 - a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

	C.	If you wish to repay the Debit Balance,					
		please insert the amount you wish to repay and					
		attach a check payable to "Irving H. Picard, Esq.,					
		Trustee for Bernard L. Madoff Investment	Securities LLC."				
		If you wish to make a payment, it must be	enclosed				
		with this claim form.	\$	<i>D</i> -			
	d.	If balance is zero, insert "None."		one			
2.	Clai	m for securities as of December 11, 2008:					
PLEA	ASE DO	NOT CLAIM ANY SECURITIES YOU HAVE	E IN YOUR POS	SESSION.			
		-	YES	NO			
	a.	The Broker owes me securities	<u> </u>				
	b.	I owe the Broker securities		<u> </u>			
	C.	if yes to either, please list below:					
				r of Shares or			
			<u>Face Am</u>	ount of Bonds			
Date			The Broke				
	saction e date)	Name of Security	Owes Me (Long)	the Broker (Short)			
(trau	o dato,	\$ 287,726.51	X	(2,			
		Please refer to Income Plus	, <u>5</u>				
		-		**************************************			
	·	Investment Fund SIPC Claim;		***************************************			
		the above estimated amount is the					
		<u>Claimant's share of the Madoff</u> 1055 only.					

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>X</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u>X</u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A		
If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.			
IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.			
THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.			
Date	2-25-09 Signature Garl WHOOL, Sec. Trustee		
	Signature		
address, than a pe	ship of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If other ersonal account, e.g., corporate, trustee, custodian, etc., also state your capacity ority. Please supply the trust agreement or other proof of authority.)		

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR SYRACUSE BUILDERS EXCHANGE, INC./CEA PENSION PLAN [EIN NO. 15-0464360]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Earl N. Hall, Trustee Syracuse Builders Exchange, Inc./CEA Pension Plan 6563 Ridings Road Syracuse, NY 13206 Telephone: (315) 437-9936

WHEREAS, the Syracuse Builders Exchange, Inc./CEA Pension Plan ("Fund") is an independent functioning single employer ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Earl N. Hall, Secretary and Trustee of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: <u>2-23-09</u>

Dated: 2/24/2009

Dated: 2 27 2009

SYRACUSE BUILDERS EXCHANGE,

INC/CEA PENSION PLAN

Earl N. Hall. Trustee

Samuel Conley, Trustee

By: Robert Henderson, Trustee

SYRÁCUSE BUILDERS EXCHANGE, INC./CEA PENSION PLAN (EIN NO. 15-0464360)

TRUSTEES

Earl N. Hall, Trustee Syracuse Builders Exchange, Inc./CEA Pension Plan 6563 Ridings Road Syracuse, NY 13206 (315) 437-9936

Samuel Conley, Trustee Syracuse Builders Exchange, Inc./CEA Pension Plan Whiteacre Engineering 4522 Wetzel Road Liverpool, NY 13090 (315) 437-9936

Robert Henderson, Trustee Syracuse Builders Exchange, Inc./CEA Pension Plan Henderson-Johnson Co., Inc. 918 Canal Street PO Box 6964 Syracuse, NY 13217 (315) 437-9936